## EXHIBIT C

Caca AG 1072 F 2117 - UDac 201	7-200	<b>Extered 08/06/44/d</b> 6	26:524P	ame-2 of 4
UNITED STATES SANDAPIDA GOVING	" PRO	OF OF CLAIM	· <del>- P·age</del> ir (	91990= 01 + 11 - 11 - 11
Name of Debtor:	Case Nu	mber:		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address:  11321242038389  ROTOLA, LOUIS 5569 N COUNTRY ROAD 29 LOVELAND CO 80538		to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.  If you have already filed a proof of claim with the	
		envelope sent to you by the court.	' *	or BMC, you do not need to file again.
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies or	dobton	Court	THIS SPAC	E IS FOR COURT USE ONLY
	uebioi.	Check here replace or if this claim amen	a previously	y filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries, and compensation (f	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	formed from:	to (date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(00.0)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best descri	be your claim and state the amou	unt of the claim at t	the time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim	Check this box if you	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.		a right of setoff).		
UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral:		e U Other
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any:		at time case filed included in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits towa services for personal, family, o	rd purchase, lease	
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go	vernmental units -	11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	ا_ا	Other - Specify applicable para  * Amounts are subject to adjust	tment on 4/1/07 a	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ \$	ME A	with respect to cases commen	ced on or after the	
AT TIME CASE FILED: (unsecured)	•	ecured)	( priority)	\$ <u>75,000</u> (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach iter	mized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred. 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available.	<i>ıments,</i> su agreement	ich as promissory notes, purd s, and evidence of perfection	hase orders, inv of lien. DO NO	voices, itemized statements of
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.		·	•	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, c governmental units).	, prevailin corporation	g Pacific time, on Novembers, joint ventures, trusts an	er 13, 2006 id	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911	Attn: USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Centel t Franklin Avenue		
El Segundo, CA 90245-0911	El Seguno	do, CA 90245		
SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	ney, if any):	other person authorized to file		

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	PRC	OF OF CLAIM		3
Name of Debtor	Case Nu	mber		
NOTE See Reverse for List of Debtors and Case Numbers	BK-	5-06-10725		
This form should not be used to make a claim for an administrative expe		Charlebau forman		
arising after the commencement of the case A "request" for payment o	of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	יי מוו	filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
11321241000503	3			
SCHEIDEGGER FAMILY		Check box if you have		
TRUST DATED 12/26/01		never received any notices		
		from the bankruptcy court or		IS PROOF OF CLAIM FOR A
C/O EDWARD J SCHEIDEGGER TRUSTEE	I	BMC Group in this case		REST IN A BORROWER THAT IS NOT
5101 CASHMERE CT		Check box if this address	ONE OF THE DE	- · - · · -
FAIR OAKS CA 95628-5365		differs from the address on the		eady filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number (9%) 8635858		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor			
The state of account of our of number by which declines de	iepioi	Check here replace	a proviousis	filed claim dated
10 25		if this claim amen		med claim dated
4 PAGIS FOR CLAIM		**************************************		
	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	alaries, and compensation (i	fill out below)	Other claims against service
Services performed Taxes		•	iii out below)	(not for loan balances)
Money loaned		digits of your SS #		,
Carlot (describe briefly)	Unpaid co	empensation for services per	formed from	to
***************************************				(date) (date)
2 DATE DEBT WAS INCURRED SEPT 22, 2005	3 IF CC	URT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I	best describ	e your claim and state the amoi	int of the claim at t	he time case filed
See reverse side for important explanations				ino timo odob mod
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
		Check this box if you	our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	our claim	a right of setoff)		, , ,
entitled to priority	ur ciaim is	1		
UNSECURED PRIORITY CLAIM		Brief description of	collateral	
		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		1	_	
1		Value of Collateral	\$ UN	K
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	UNK	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Lin to 60 005t of down to the		
	ليا	Up to \$2 225* of deposits towa services for personal family or	ra purcnase lease r household use 1	on rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's				
business whichever is earlier - 11 U S C § 507(a)(4)	님	Taxes or penalties owed to gov		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para		
Solutions to all employee belief plants 11 0 3 C \$ 307(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 an	d every 3 years thereafter
TOTAL AMOUNT OF GLAVIA	~+ <u>~~</u>	with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	50,00	90 \$ UNI	_	\$50,000 T
AT TIME CASE FILED (unsecured)	, (se	cured)	( priority)	INTERFORM)
Check this boy if claim includes interest or other sharpes in addition to the	•			, ,
Check this box if claim includes interest or other charges in addition to the	principal a	mount of the claim Attach iter	nized statement o	fall interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit	ted and de	ducted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docum	nente euc	b as promission, notes pure	haaa ardara wax	ning damined statements of
running accounts, contracts, court judgments, mortgages, security ag	reements	and evidence of perfection	of hen DO NO	T SEND OPIGINAL
DOCUMENTS If the documents are not available explain. If the do	cuments a	re voluminous, attach a sun	mary	CEIAD ONIGHAL
8 DATE-STAMPED COPY To receive an acknowledgment of the				anyalana and anny of the
proof of claim	ming or yo	di ciaini, enclose a stamped	, sell-addiessed	envelope and copy of this
The empired of the completed west of the formation				
The original of this completed proof of claim form must be sent !	by mail or	hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm,	prevailing	Pacific time, on Novembe	r 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, co	orporation	s, joint ventures, trusts an	d j	
governmental units) BY MAIL TO	O CIAND O	P OVERNIGHT DELIVERY TO	1	
	BMC Group	R OVERNIGHT DELIVERY TO		
		M Claims Docketing Center		"I FB A TB A A A A A A A A A A A A A A A A A
P O Box 911	1330 East	Franklin Avenue	ľ	FILED SEP 28 2006
El Segundo, CA 90245-0911	El Segundo	o, CA 90245	]	
DATE SIGN and print the name and title if any of the	creditor or o	ther person authorized to file	, _	
this claim (attach copy of power of attorne	ey if any) 🖠	on ocheidesan FA	mily Trus	-
Sept 26 2006 Shard I Sharting &	4. 1	TC	,/	USA CMC
		J. SCHELDEGGE		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 of imprisonment	t for up to 5	vears or both 18 USC 68 1	52 AND 3571	1072500332

UNITED STATES BANKRUPTCY COURT - DISTRICT OF NEV	ADA	PROOF OF CLAIM-Chapter		
Name of Debtor USA Commercial Mortgage Company	Case Number BK-06-10725-LBR	(This space for court use)		
NOTE. This form should NOT be used to make a claim of an administrative expense aris A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C.	ing after the commencement of the case Section 503			
Name of Creditor (The person or other entity to whom the debtor owes money or property)  Shelley Wike Cranley, Trustee	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name and Address where notices should be sent Shelley W Cranley 174 Mont Blanc Way Las Vegas, NV 89124-9122	statement giving particulars  Check box is you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court			
Telephone No See Attached				
Account or other number by which creditor identifies debtor  Castaic Partners III	Check here if this claim  replaces a previously filed claim, dated			
1 BASIS FOR CLAIM  ☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury / wrongful death ☐ Taxes	Rettre benefits as defined in 11 U S C § 1114(a)  Wages salaries and compensation (FILL OUT BELOW) Your Social Security # Unpaid compensation for services performed from  (date) To (date)			
Other				
2 Date Debt was incurred 06/09/2003	3 If court judgment, date obtained			
4 Total amount of claim at time case filed \$100,000 (Unsecured) \$  If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 l  ☐ Check thus box if claim includes interest or other charges in addition to the princip	pelow	(Total) tatement of all interest or additional charges		
	6 Unsecured Priority Claim  Check this box if you have an unsecured priority claim.			
Secured Claim     Check this box if your claim is secured by collateral (including a right of setoff)	6 Unsecured Priority Claim  Check this box if you have an unse	ecured priority claim.		
5 Secured Claim	6 Unsecured Priority Claim  Check this box if you have an unse Amount entitled to priority \$ Specify the priority of the claim  Wages salaries or commission	ons up to \$4,650* earned with 90 days before filing of the		
5 Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral	6 Unsecured Priority Claim  ☐ Check this box if you have an unse Amount entitled to priority \$ Specify the priority of the claim ☐ Wages salaries or commission bankruptcy petition, or cessati U S C § 507(a)(3) ☐ Contributions to an employee	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier - 11 benefit plan - 11 U S C § 507(a)(4)		
5 Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral Real Estate Motor Vehicle  Other  Value of collateral \$	6 Unsecured Priority Claim  Check this box if you have an unse Amount entitled to priority \$\sum_{\text{Specify}}\$ the priority of the claim  Wages salaries or commission bankruptcy petition, or cessati U S C \$\\$507(a)(3)\$  Contributions to an employee Up to \$\frac{2}{3},100^*\$ of deposits to personal family or household  Alimony maintenance or sup	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11.  benefit plan – 11 U S C § 507(a)(4)  ward purchase lease or rental of property Or services for		
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral Real Estate Motor Vehicle	6 Unsecured Priority Claim  □ Check this box if you have an unse Amount entitled to priority \$\simes\$ Specify the priority of the claim □ Wages salaries or commissio bankruptcy petition, or cessati U S C § 507(a)(3) □ Contributions to an employee □ Up to \$2,100* of deposits to personal family or household □ Alimony maintenance or sur U S C § 507(a)(7) □ Taxes or penalties owed to g □ O ∫ HER − Specify applicable	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11  benefit plan – 11 U S C § 507(a)(4)  ward purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6)  oport owed to a spouse former spouse or child – 11  overnmental units 11 U S C § 507(a)(8)  paragraph of 11 U S C § 507(a)()		
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral Real Estate Motor Vehicle Other Value of collateral \$  Amount of arrearage and other charges at time case filed included in secured claim,	6 Unsecured Priority Claim  □ Check this box if you have an unse Amount entitled to priority \$\simes\$ Specify the priority of the claim □ Wages salaries or commissio bankruptcy petition, or cessati U S C § 507(a)(3) □ Contributions to an employee □ Up to \$2,100* of deposits to personal family or household □ Alimony maintenance or sur U S C § 507(a)(7) □ Taxes or penalties owed to g □ O ∫ HER − Specify applicable	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11  benefit plan – 11 U S C § 507(a)(4) ward purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) oport owed to a spouse former spouse or child – 11  overnmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect		
Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral Real Estate Motor Vehicle Other  Value of collateral \$  Amount of arrearage and other charges at time case filed included in secured claim, if any	6 Unsecured Priority Claim    Check this box if you have an unsecond priority   Check this box if you have an unsecond priority of the claim   Wages salaries or commission bankruptcy petition, or cessation   US C § 507(a)(3)   Contributions to an employee   Up to \$2,100* of deposits to personal family or household   Alimony maintenance or sup   US C § 507(a)(7)   Taxes or penalties owed to go   OTHER - Specify applicable   *Amounts are subject to adjustment on to cases commenced on or after the date of the purpose of making this proof of claim. If the documents are voluminous	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11  benefit plan – 11 U S C § 507(a)(4) ward purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) oport owed to a spouse former spouse or child – 11  overnmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect		
Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral  Real Estate  Motor Vehicle  Other  Value of collateral \$  Amount of arrearage and other charges at time case filed included in secured claim, if any  \$  7 Credits The amount of all payments on this claim has been credited and deducted for supporting documents. Such as promissor statements of running accounts contracts court judgments mortgages security agree DO NOT SENDO ORIGINAL DOCUMENTS. If the documents are not available expanding a summary.  9 Date Stamped copy to receive an acknowledgment of the filing of your claim, encl	6 Unsecured Priority Claim    Check this box if you have an unse Amount entitled to priority \$\simes Specify the priority of the claim   Wages salaries or commission bankruptcy petition, or cessati USC \( \frac{5}} \) 507(a)(3)    Contributions to an employee   Up to \( \frac{5}} \) 100* of deposits to personal family or household   Alimony maintenance or sur USC \( \frac{5}} \) 507(a)(7)    Taxes or penalties owed to go   OTHER - Specify applicable *Amounts are subject to adjustment on to cases commenced on or after the date or the purpose of making this proof of claim by notes purchase orders invoices itemized ments and evidence of perfection of lien. The column of the column of the self-addressed self-addressed	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11  benefit plan – 11 U S C § 507(a)(4)  ward purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6)  oport owed to a spouse former spouse or child – 11  overnmental units 11 U S C § 507(a)(8)  paragraph of 11 U S C § 507(a)()  14/1/98 and every three years thereafter with respect to fadjugment		
Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral  Real Estate  Motor Vehicle  Other  Value of collateral \$  Amount of arrearage and other charges at time case filed included in secured claim, if any  \$  7 Credits The amount of all payments on this claim has been credited and deducted fo 8 Supporting documents Attach copies of supporting documents Such as promissor statements of running accounts contracts court judgments mortgages security agree DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available expanditude a summary  9 Date Stamped copy to receive an acknowledgment of the filing of your claim, encleavelope and a copy of this proof of claim  Date  Sign and print the name and title, if any of the creditor (attach copy of power of attorney if any)	6 Unsecured Priority Claim    Check this box if you have an unser Amount entitled to priority \$\int Specify the priority of the claim   Wages salaries or commission bankruptcy petition, or cessati U S C \( \xi \) 507(a)(3)    Contributions to an employee   Up to \$\frac{\$2,100*}{\$2,100*} of deposits to personal family or household   Alimony maintenance or sur U S C \( \xi \) 507(a)(7)    Taxes or penalties owed to go O \( \text{IHER} - \text{Specify applicable} \) *Amounts are subject to adjustment on to cases commenced on or after the date or the purpose of making this proof of claim, y notes purchase orders invoices itemized ments and evidence of perfection of henolam. If the documents are voluminous ose a stamped self-addressed.  For other person authorized to file this claim elley Wike Cranley, Trustee	ons up to \$4,650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11  benefit plan – 11 U S C § 507(a)(4)  ward purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6)  oport owed to a spouse former spouse or child – 11  overimental units 11 U S C § 507(a)(8)  paragraph of 11 U S C § 507(a)()  1.4/1/98 and every three years thereafter with respect to fadjugment  (This space for court use)		

FILED NOV 0 9 2006

